



DEPARTMENT OF THE ARMY
HEADQUARTERS, JOINT READINESS TRAINING CENTER AND FORT POLK
6661 WARRIOR TRAIL
FORT POLK, LOUISIANA 71459-5339

REPLY TO
ATTENTION OF:

AFZX-CH

NOV 18 2004

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Command Policy Memorandum CH-01 – Monitoring Suicide Gestures and Attempts

1. We must all take suicide very seriously. This policy covers prevention efforts and monitoring of suicide gestures and attempts and applies to all Soldiers, family members, civilians, and contractors at JRTC and Fort Polk.

2. Soldiers and leaders must recognize the warning signs:

- Appears depressed: sad, tearful, hopeless, poor sleep/appetite habits
- Talks about life losing meaning
- Abuses alcohol/drugs
- Talks of death and/or suicide
- Changes behavior and/or appearance
- Suffers relationship breakup (spouse, family, friend)
- Gives away possessions
- Injures self deliberately
- Suffers significant personal loss (job, health, status)

Leaders who observe Soldiers exhibiting these behaviors must take immediate action to prevent a suicide attempt. Consistent with the requirements of DoDI 6490.4, commanders will refer Soldiers to mental health and ensure they are safe until mental health evaluates them. If a suicide attempt is made, contact the emergency room and notify the military police.

3. Suicide prevention training is mandatory for all Soldiers at Fort Polk.

a. All Soldiers and family members will receive a suicide prevention block of instruction at the newcomers' orientation.

b. Commanders will provide annual suicide prevention training for all Soldiers.

c. All company commanders and 1SGs attending the company commander/1SG course will attend a mandatory block of instruction regarding suicide prevention.

AFZX-CH

SUBJECT: Command Policy Memorandum CH-01 – Monitoring Suicide Gestures and Attempts

d. All company commanders and 1SGs will attend the Applied Suicide Intervention Skills Training (ASIST). Soldiers of all ranks are encouraged to attend ASIST classes.

4. Suicide Reporting, Level 1 CCIR:

a. An actual suicide or a suicide attempt resulting in a life-threatening injury is a level 1 CCIR. Reporting must occur immediately, in accordance with Command Policy Memorandum CG-01. The deputy commander/chief of staff (DC/CofS) will be informed immediately during duty hours (531-1734/1706) or through the field officer of the day (FOD) during non-duty hours (531-1725/1726/1727).

b. Major subordinate command (MSC) commanders may notify me directly, but must ensure the DC/CofS is also notified so that the installation staff is informed and tasked appropriately.

c. The MSC will submit the High Risk Report included in the enclosure.

5. Suicide Reporting, Level 2 CCIR:


a. For an attempted suicide resulting in serious injury requiring hospitalization, commanders will submit the following reports in concert with the reporting requirements set forth in Command Policy Memorandum CG-01 for a level 2 CCIR.

b. The MSC commander will notify the DC/CofS and provide an initial report, through the chain of command, to me (enclosure). I must receive the report NLT 0900 on the first day following the incident.

c. The MSC will submit the High Risk Report included in the enclosure.

6. This policy will remain in effect until superseded or rescinded. The point of contact for this policy is the installation chaplain's office, CM 531-4228.

Encl


MICHAEL D. BARBERO
Brigadier General, USA
Commanding

DISTRIBUTION:

A+

AFZX-CH

SUBJECT: Command Policy Memorandum CH-01 – Monitoring Suicide Gestures and Attempts

OFFICE SYMBOL

MEMORANDUM THRU

Bn (for MSC and Sep Bn Units)

Bde (for MSC Units)

FOR Commanding General, Joint Readiness Training Center and Fort Polk, Fort Polk, Louisiana
71459-5339

SUBJECT: High Risk Report (Soldier's Name, Rank, SSN, Unit)

1. Identifying data: (Give Soldier's name, age, marital status, unit, time in service, time in unit, and brief statement describing duty performance).
2. Brief description of suicide attempt: (Include date, time, method, and command's perception of what may have precipitated the action. Example: On 24 Mar 88, PV2 Smith took an overdose of 100 Tylenol tablets after an argument with his wife).
3. Warning signs exhibited by individual prior to the suicide attempt.
4. Suspected reasons for the suicide attempt.
5. Actions taken by command: (Include medical and psychiatric evaluation results, hospitalization, disciplinary actions, restrictions, etc.)
6. Future plans for Soldier: (This may be undetermined at the time of the initial report.)
7. Lessons learned from this incident.

Signature Block of Company Commander

AFZX-CH

SUBJECT: Command Policy Memorandum CH-01 – Monitoring Suicide Gestures and Attempts

OFFICE SYMBOL

MEMORANDUM THRU

Bn (for MSC and Sep Bn Units)

Bde (for MSC Units)

FOR Commanding General, Joint Readiness Training Center and Fort Polk, Fort Polk, Louisiana
71459-5000

SUBJECT: Weekly Update on High Risk Soldier (Soldier's Name, Rank, SSN, Unit)

1. Description of any ongoing evaluation, recommendations, or new information about stressors that precipitated the suicidal action.
2. Current status of Soldier (i.e., reintegrating into unit, in confinement, hospitalized, pending disciplinary action, etc).
3. Future plans for the Soldier (retention vs trial of duty). If plan is for administrative separation, state expected date of departure.

Signature of Block Company Commander

Remarks by Chief, Department of Psychiatry

Signature Block of Chief, Department of
Psychiatry